

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name):	CASE NUMBER:
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1. a. List all persons living in your home <b>whose expenses are included below</b> and their income: <input type="checkbox"/> Continued on Attachment 1a.	1. 2. 3. 4.	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1. 2. 3.				

**2. MONTHLY EXPENSES**

**a. Residence payments**

(1) ☐ Rent or ☐ mortgage ..... \$ \_\_\_\_\_

(2) If mortgage, include:

Average principal ..... \$ \_\_\_\_\_

Average interest ..... \$ \_\_\_\_\_

Impound for real property taxes ..... \$ \_\_\_\_\_

Impound for home-owner's insurance ..... \$ \_\_\_\_\_

(3) Real property taxes (if not included in (item (2))) ..... \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance (if not included in item (2)) ..... \$ \_\_\_\_\_

(5) Maintenance ..... \$ \_\_\_\_\_

b. Unreimbursed medical and dental expenses ..... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Children's education ..... \$ \_\_\_\_\_

e. Food at home and household supplies . . \$ \_\_\_\_\_

f. Food eating out ..... \$ \_\_\_\_\_

g. Utilities ..... \$ \_\_\_\_\_

h. Telephone ..... \$ \_\_\_\_\_

i. Laundry and cleaning ..... \$ \_\_\_\_\_

j. Clothing ..... \$ \_\_\_\_\_

k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ \_\_\_\_\_

l. Education (specify): ..... \$ \_\_\_\_\_

m. Entertainment ..... \$ \_\_\_\_\_

n. Transportation and auto expenses (insurance, gas, oil, repair) ..... \$ \_\_\_\_\_

o. Installment payments (insert total and itemize below in item 3) ..... \$ \_\_\_\_\_

p. Other (specify): ..... \$ \_\_\_\_\_

q. TOTAL EXPENSES (a-p) ..... \$ \_\_\_\_\_  
 (do not include amounts in a(2))

**3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS** ☐ Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

**4. ATTORNEY FEES**

a. To date I have paid my attorney for fees and costs: \$ \_\_\_\_\_ The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

*I confirm this information and fee arrangement.*

(SIGNATURE OF ATTORNEY)

(TYPE OR PRINT NAME OF ATTORNEY)

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